

# Pastorally Responding to Transgender Beliefs

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Let us pray



Ss. Cosmas & Damian, penniless physicians,  
priests of the one Church,  
and holy martyrs, pray for us!



# How does this happen to children?

- The imaginative life
  - Integrating what is experienced during development
  - Managing fears or anxieties.
    - When the content of the anxiety is sexualized

# The Processes of Resolution

- Historically > 80% during puberty, and 92% by adulthood
  - Severity of the wound; misperceptions —> actual abuse.
  - Cognitive capacity









# Managing the anxiety

- When there are impediments to resolution.
- Recurrent thought provokes the anxiety.
- Repetitive behavior used to manage the fear.



# Body dysmorphic disorder

- Very common presentation in plastic surgery.
- Obsessive-compulsive process related to physical presentation.
- Gender identity disorder when the content of the obsessive thinking pertains to sexed presentation.

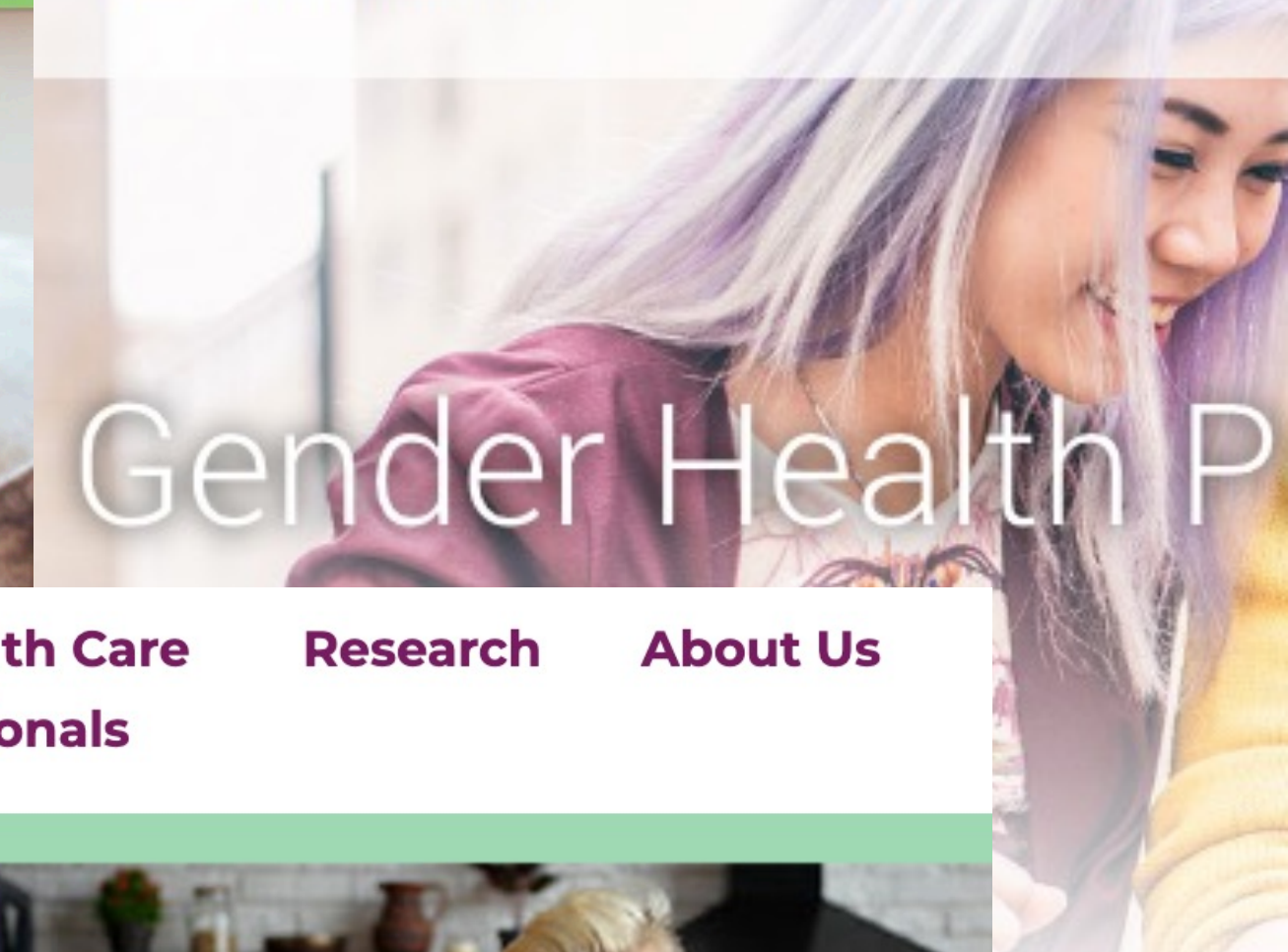
“Fairy tales do not tell children that dragons exist.  
Children already know that dragons exist. Fairy  
tales tell children the dragons can be killed”.  
~G.K.Chesterton





# The Processes of Persistence

- Profound injury to particularly vulnerable children.
- Persistent injury, including iatrogenic.
  - Actual abuse
  - Effects of affirmation care.



# Gender Health P

## Specialists

Adolescent Medicine

Transgender Care

Cancer and Blood Disorders

Developmental Pediatrics

## Transgen

At Blank Children's  
provide education  
youth in a comfort  
ensure compassion

We can provide the  
hormone suppress

# Gender and Sexual Development Program



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## Adolescent & Young Adult Medicine

For Adult Caregivers &  
Youth Advocates

## Gender and Sexual Development Program

The Gender and Sexual Development Program is an integrated and coordinated collaboration of the:

- [Division of Adolescent and Young Adult Medicine](#)

# “Affirmation” Care

- Begins with an explanation for the anxiety.
  - Identifies the source as a mismatch between the objective realities of the child’s life and the subjective perceptions.
- Claims that the only remedy is changing the appearance in a way that obscures the objective reality.
- Always claims that there is great danger in not affirming the subjective perceptions

# “Affirmation” Care

- Enters the imaginative life of the person to “create” an identity based in words and digitized images.
  - Repetitive anxious thought linked to new words.
  - Identity defined by compulsive behaviors which are found in images of sexual stereotypes.
- Professionally crafted obsessive-compulsive coping mechanism for an unexamined psychological injury.



# Vulnerable Children

- The startling demographic change.
- Massively over-represented among psychological illnesses that appear to precede onset of gender discordance.
- Fragmentation of family life. Functional absence of fathers.
- Isolation, and digital/ social media over-connection (screen time).
  - Networks that include social advocacy.

# Co-morbidities

Diagnosis	Transgender population	Control population			
	<i>n</i> =10,270 (%)	<i>n</i> =53,449,400 (%)			
Mood disorder	4720 (46)	4,802,280 (9.0)	Cluster a personality disorder	20 (0.19)	6750 (0.01)
Major depressive disorder	3210 (31)	2,549,270 (4.8)	Cluster b personality disorder	350 (3.4)	62,660 (0.11)
Dysthymia	700 (6.8)	739,450 (1.4)	Borderline personality disorder	320 (3.1)	47,390 (0.09)
Bipolar disorder	1200 (11)	685,300 (1.3)	Cluster C personality disorder	20 (0.19)	7700 (0.01)
Anxiety disorder	3220 (31)	3,194,050 (6.0)	Eating disorder	210 (2.0)	133,510 (0.25)
General anxiety disorder	1260 (12)	1104270 (2.0)	ADHD	1070 (10)	916,370 (1.7)
Panic disorder	460 (4.4)	393,690 (0.74)	PDD	250 (2.4)	109,710 (0.20)
Phobic disorder	300 (2.9)	77,830 (0.15)	Autism	150 (1.5)	83,760 (0.16)
Social phobia	220 (2.1)	29,860 (0.06)	Chemical dependence		
Agoraphobia	90 (0.87)	43,660 (0.08)	Substance use disorder	1040 (10)	1,410,960 (2.6)
Post-traumatic stress disorder	690 (6.7)	275,730 (0.52)	Alcohol	440 (4.2)	737,820 (1.4)
Obsessive compulsive disorder	210 (2.0)	113,200 (0.21)	Cannabis	390 (3.8)	334,230 (0.63)
Psychotic disorder			Cocaine	140 (1.4)	144,200 (0.27)
Schizophrenia	260 (2.5)	196,820 (0.37)	Opioid	120 (1.2)	157,150 (0.27)
Schizoaffective disorder	200 (2.0)	20,140 (0.16)	Amphetamine	80 (0.77)	69,940 (0.13)
Delusional disorder	100 (1.0)	10,000 (0.02)	Tobacco user	2380 (23)	5,252,940 (9.8)

<sup>a</sup>*p* Values are from global  $\chi^2$  and Fisher's exact tests.

[Open in a separate window](#)

# Ideological Capture

- The universal explanation for sorrow, and injustice using political language.
- Academic certification in every field: teachers, counselors, nurses, psychologists, doctors, lawyers, et al.

# Scientific evidence

- Anecdotal reports, uncontrolled retrospective case collections
  - Self-selection, very high dropout rates, short follow-up, non-standard descriptive language.
  - All published in peer reviewed journals!
- WPATH Standard of Care
  - Endocrine Society treatment guidelines etc.

# Scientific evidence

- Consensus methodology: aggregation of expert opinion within a policy working group.
- Only as valuable as the actual evidence used to support the opinion.

# Levels of Evidence

**Table 4**

Levels of Evidence for Therapeutic Studies\*

Level	Type of evidence
1A	Systematic review (with homogeneity) of RCTs
1B	Individual RCT (with narrow confidence intervals)
1C	All or none study
2A	Systematic review (with homogeneity) of cohort studies
2B	Individual Cohort study (including low quality RCT, e.g. <80% follow-up)
2C	“Outcomes” research; Ecological studies
3A	Systematic review (with homogeneity) of case-control studies
3B	Individual Case-control study
4	Case series (and poor quality cohort and case-control study)
5	Expert opinion without explicit critical appraisal or based on physiology bench research or “first principles”

**Table 3. Levels of Evidence for Prognostic Studies\***

Level	Type of Evidence
I	High-quality prospective cohort study with adequate power or systematic review of these studies
II	Lesser quality prospective cohort, retrospective cohort study, untreated controls from an RCT, or systematic review of these studies
III	Case-control study or systematic review of these studies
IV	Case series
V	Expert opinion; case report or clinical example; or evidence based on physiology, bench research, or “first principles”

RCT, randomized controlled trial.

\*Adapted from the American Society of Plastic Surgeons. Available at: [http://www.plasticsurgery.org/For\\_Medical-Professionals/Legislation-and-Advocacy/Health-Policy-Resources/Evidence-based-Guidelines-Practice-Parameters/Description-and-Development-of-Evidence-based-Practice-Guidelines/ASPS-Evidence-Rating-Scales.html](http://www.plasticsurgery.org/For_Medical-Professionals/Legislation-and-Advocacy/Health-Policy-Resources/Evidence-based-Guidelines-Practice-Parameters/Description-and-Development-of-Evidence-based-Practice-Guidelines/ASPS-Evidence-Rating-Scales.html). Accessed December 17, 2010.

# Dr. Olson-Kennedy USC/ LA Children's



> [JAMA Pediatr.](#) 2018 May 1;172(5):431-436. doi: 10.1001/jamapediatrics.2017.5440.

## Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts

Johanna Olson-Kennedy<sup>1 2</sup>, Jonathan Warus<sup>1</sup>, Vivian Okonta<sup>1</sup>, Marvin Belzer<sup>1 2</sup>, Leslie F Clark<sup>1 2</sup>

Affiliations + expand

PMID: 29507933 PMID: [PMC5875384](#) DOI: [10.1001/jamapediatrics.2017.5440](#)

[Free PMC article](#)

### Abstract

**Importance:** Transmasculine youth, who are assigned female at birth but have a gender identity along the masculine spectrum, often report considerable distress after breast development (chest dysphoria). Professional guidelines lack clarity regarding referring minors (defined as people younger than 18 years) for chest surgery because there are no data documenting the effect of chest surgery on minors.

**Objective:** To examine the amount of chest dysphoria in transmasculine youth who had had chest

# “Support in the Peer Reviewed Literature”

- 849 articles in peer reviewed world literature re: efficacy.
- Only 47 could be considered for review (5.5% of total)
- Only 29 addressed mental health outcomes (3.4% of total)
- Varied subjective, untested, uncorroborated descriptors that could not be compared across the literature base.

Review | [Published: 29 October 2019](#)

## Outcome Measures in Gender-Confirming Chest Surgery: A Systematic Scoping Review

[Anders Tolstrup](#) , [Dennis Zetner](#) & [Jacob Rosenberg](#)

[Aesthetic Plastic Surgery](#) **44**, 219–228 (2020) | [Cite this article](#)

617 Accesses | 3 Citations | 1 Altmetric | [Metrics](#)

### Abstract

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#### Background

The aim of this scoping review was to provide an overview of outcome measures in gender-confirming chest surgery.

#### Methods

A comprehensive literature search was performed in PubMed, EMBASE, CINAHL, PsycINFO, Scopus and the Cochrane Library to find studies evaluating gender-confirming chest surgery in a non-cis gender population. The systematic scoping review followed the PRISMA extension



# Evidence for Therapeutic Decisions

**Table 4**

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# Affirmation Care is Experimental

- Level 4 to 5 evidence only sufficient to inform experimental design.
- Human experimentation is highly regulated (Nuremberg)
  - Particularly in children
  - Particularly in light of risk of permanent harms.

# Established treatment model

- Seek to understand the nature of the wound.
  - Prevent further wounding.
- Cognitive- behavioral.
  - Maintain contact with the truth.

# A Very Public Collapse

- In Europe
- In the US
  - Executive decisions
  - Judicial processes
    - Public testimony
    - Personal injury



Classification: Official

Publication reference: PR1937\_ii



## Public consultation

Interim service specification for specialist gender dysphoria services for children and young people

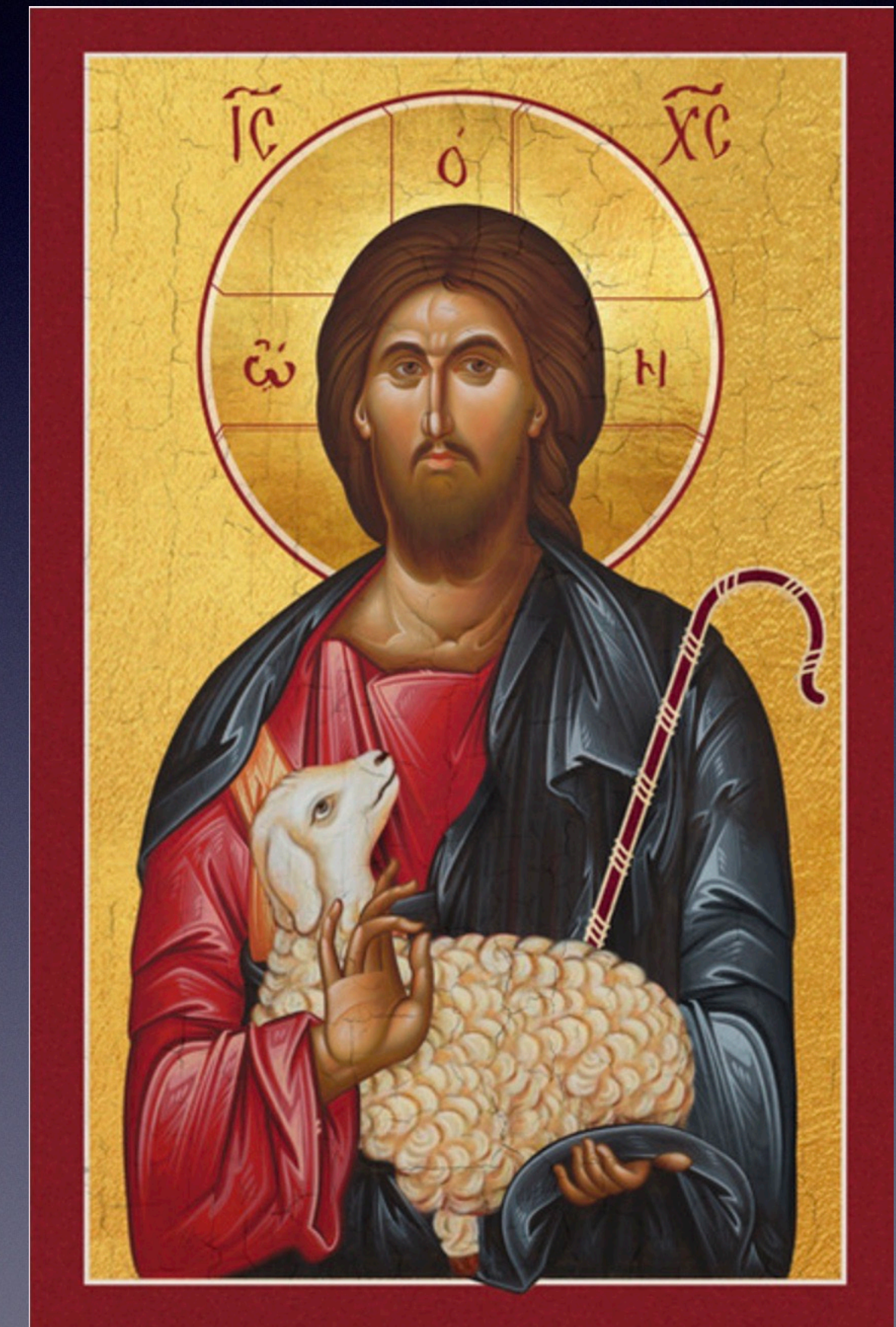
20 October 2022

# The Evident Harms

- Childhood developmental arrest.
- Habituation in obsessive thoughts and compulsive behaviors.
- Long-term/ lifelong effects of medicalization.
- Irreversible surgery.

# Pastoral care

- Recognition, and accompaniment.
- Leading the stray, and the injured to safety.
- To an encounter with the pastor of souls.
  - In the sacramental life of The Church.



# Catholic Culture

- The entire Catholic parochial community.
  - Schools as sheepfolds.
- Trusted collaborators.
  - Counselors, teachers, therapists, publishers



# Catholic Universities

- Education and credentialing of teachers, and administrators for parochial schools.
- Biomedical education including therapists, nurses, doctors.
- Lawyers, and jurists.





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